

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70801	3/13
O.I.P.E. CLASSIFIER		10	3/13
FORMALITY REVIEW	CV	71423	5/22/00
RESPONSE FORMALITY REVIEW	RA	71423	8/22/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Original	Date
1	01	07/12/00
2	02	05/15/00
3	03	06/02/00
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Claim	Original	Date
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Claim	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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